

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/521915	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	3					
11	4					
12	1					
13	1					
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TOTAL IND.	7					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	19					

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TOTAL IND.		↔	↔	↔	
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					